

**REQUIREMENTS & INSTRUCTIONS FOR APPLICANTS APPLYING FOR LICENSURE USING
THE CERTIFICATE OF PROFESSIONAL QUALIFICATION IN PSYCHOLOGY ("CPQ") OR
THE NATIONAL REGISTER OF HEALTH SERVICE PROVIDERS IN PSYCHOLOGY CREDENTIAL ("NR")**

Access this form on our website at: www.hawaii.gov/dcca/pvl

Currently, there are six (6) methods to qualify for psychologist licensure in Hawaii. **Use the attached application if you wish to apply by CPQ or NR.**

- If you wish to apply by examination, examination waiver, senior psychologist or diplomate of the American Board of Professional Psychologist (ABPP), a separate application is available. Contact the Board's office at (808) 586-3000 or you may download the form from our website at: www.hawaii.gov/dcca/pvl. Click on "Psychologist".

APPLICATION FOR LICENSURE – CERTIFICATE OF PROFESSIONAL QUALIFICATION IN PSYCHOLOGY ("CPQ")

APPLICATION Complete and sign the attached application form. Type or print legibly in black ink. **Failure to provide all the requested information will delay the processing of your application.**

Applicants are subject to requirements in effect at the time of filing. There is no reciprocity or recognition of a psychologist license from another state.

FEES Application Fee (non-refundable) is \$50. **Attach** check made payable to: Commerce & Consumer Affairs.

CPQ CERTIFICATE Hold a current CPQ certificate issued by the Association of State and Provincial Psychology Boards (ASPPB).

Contact ASPPB and request they send an official letter verifying your CPQ certificate **directly** to our office. The "Request for CPQ Verification Form" can be obtained from the ASPPB website at www.asppb.org or by sending a written request to:

ASPPB
P.O. Box 241245
Montgomery, AL 36124-1245
Phone: (334) 832-4580
Fax: (334) 269-6379

**APPLICATION FOR LICENSURE – NATIONAL REGISTER OF HEALTH SERVICE PROVIDERS IN
PSYCHOLOGY CREDENTIAL ("NR")**

APPLICATION Complete and sign the attached application form. Type or print legibly in black ink. **Failure to provide all the requested information will delay the processing of your application.**

Applicants are subject to requirements in effect at the time of filing. There is no reciprocity or recognition of a psychologist license from another state.

FEES Application Fee (non-refundable) is \$50. **Attach** check made payable to: Commerce & Consumer Affairs.

CREDENTIAL Hold a current Health Service Provider credential issued by the National Register of Health Service Providers in Psychology ("National Register").

Contact the National Register and request they send an official letter verifying your Health Service Provider credential **directly** to our office.

To request a verification letter, please send a written request to:

National Register of Health Service Providers in Psychology
1120 G Street NW, Suite 330
Washington, DC 20005
Phone: (202) 783-7663
Fax: (202) 347-0550

GENERAL INFORMATION

BOARD'S ADDRESS

Mail all required items to:

Deliver to office location at:

Board of Psychology
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

OR

1010 Richards Street, 1st Floor
Honolulu, HI 96813

Phone: (808) 586-3000

LAWS & RULES

To obtain a copy of the laws, Chapter 465, Hawaii Revised Statutes and rules, Chapter 98, Hawaii Administrative Rules, send a written request and \$1.25 to: *CASHIER, Commerce and Consumer Affairs, P.O. Box 541, Honolulu, Hawaii 96809*. (Price subject to change without notice.) Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act may be purchased separately for 75¢.

The laws and rules are also posted on our website free of charge at: www.hawaii.gov/dcca. Look under "Psychology".

LICENSURE

After all requirements are fulfilled, license fees will be due. Notification of amounts will be sent to you at the appropriate time.

BIENNIAL RENEWAL

All licenses, regarding of issuance date, **expire on June 30 of each even-numbered year and are subject to renewal**. Renewal applications are mailed to current licensees at their last know address about 2 months prior to the license expiration date. To ensure receipt of the renewal application, keep the Board informed of your address in writing.

ABANDONMENT OF APPLICATION

You must submit all required documents and information within two years from the last date documents or information were requested or it will be considered abandoned and the Board may destroy it.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000, to submit your request.

APPLICATION FOR LICENSE – PSYCHOLOGIST (CPQ/NR)

Legal Name (First-Middle)	(LAST)
Other Names Used (include maiden name):	
Residence Address (include apt. no., city, state and zip code) - REQUIRED	
Mailing Address (ONLY if different from above)	
Social Security No.	Phone No. (days)

FOR OFFICE USE ONLY

Effective Date:	License No. PSY -
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Applying for (check one):
☐ Licensure-Certificate of Professional Qualification in Psychology (CPQ)
☐ Licensure-National Register of Health Service Providers in Psychology credential (NR)

Circle or underline your answers; and provide details as needed:

- 1) Are you at least 18 years of age? YES NO
- 2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? YES NO
- 3) Have you ever been denied a certificate or license to practice psychology? YES NO
- 4) a. Has any license ever been suspended, revoked or otherwise subject to disciplinary action? YES NO
- b. Are there any disciplinary actions pending against you? YES NO
- c. Have you ever been disciplined for an ethical violation by a professional association or institution? YES NO
- 5) In the past 20 years have you been convicted of a crime in which the conviction has not been annulled or expunged? YES NO

If any of your responses to questions #3, #4a, b or c, and #5 were "yes," provide information on date, place, and type of conviction or disciplinary action on a separate sheet and submit pertinent documents.

EDUCATION	Name of Institution	Major Course of Study	Date Graduated	Name of Degree Conferred	Program APA Approved (Yes/No)
EXPERIENCE	Name & Address of Employer	Duties	Dates (mo/yr)		Position
			From	To	

Affidavit of Applicant:

I certify that the answers and statements made in this application and the documents attached are true and correct. I understand that misrepresentation is grounds for refusal or subsequent revocation of license (Section 710-1017, Hawaii Revised Statutes). I further certify that I have read, understand and will abide by the provisions of Chapter 465, Hawaii Revised Statutes, and Chapter 98, Hawaii Administrative Rules concerning psychologists in the State of Hawaii.

Date

Signature of Applicant

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

App..... 563 \$50
 Lic..... 565 \$30
 ½ Renewal 560 \$50

CRF..... 567 \$55/110
 Service fee..... BCF..... \$15